

Individual Application for Reinsurance Intermediary

Form 441-14 (Rec. 9/2000)

Producer Licensing Bureau

P.O. BOX 1139
SACRAMENTO, CA 95812-1139
Information (800) 967-9331
Or (916) 322-3555

READ THE INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS APPLICATION

ALL ENTRIES, EXCEPT SIGNATURES, MUST BE TYPED

<p>1. IN WHAT CAPACITY DO YOU INTEND TO ACT?</p> <p>Reinsurance Intermediary-Broker Reinsurance Intermediary-Manager</p>	<p><u>FOR DEPARTMENT USE ONLY</u></p> <p>□ _____ File Number</p> <p>^ WK STATION _____</p> <p>∨ _____ Perm issued date</p>
<p>2. APPLICANT NAME:</p> <p>Last: _____</p> <p>First: _____ Middle: _____</p>	
<p>3. IDENTIFICATION INFORMATION:</p> <p>Social Security Number _____ - _____ - _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Birth Date _____ - _____ - _____ Birthplace _____ (City) (State or County)</p> <p>Height _____ Weight _____ Hair Color _____ Eye Color _____</p>	
<p>4. CHECK ONE: California Resident License Nonresident License</p>	
<p>5. PRINCIPAL BUSINESS ADDRESS: (P.O. Box not acceptable)</p> <p>Street _____ Suite # _____</p> <p>City _____ State _____ Zip Code _____</p>	
<p>6. RESIDENCE ADDRESS: (P.O. Box not acceptable)</p> <p>Street _____ Suite # _____</p> <p>City _____ State _____ Zip Code _____</p>	
<p>7. MAILING ADDRESS:</p> <p>Street/P.O. Box _____ Suite # _____</p> <p>City _____ State _____ Zip Code _____</p>	
<p>8. Do you intend to use a fictitious (DBA) name to transact insurance/reinsurance business? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, list such name: _____ (Name must be approved by the Department prior to use.)</p>	
<p>9. Are you now or have you ever used any name other than shown in (2) or (8)? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, list names, dates and reason used.</p>	
<p>10. Are you an officer, director, or trustee having authority in the management of a California licensed insurer? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

If YES, please explain.

11. If the individual holds, or has ever held an insurance license, complete the following: (Attach a separate sheet if needed)

Type of license and license number	State or Province	Resident or nonresident	Date license held		Is license in force?
			From	To	

12. List your occupation/employment for the past **five** years to current date: Include periods of unemployment and school.

From (Mo. & Yr.)	To (Mo. & Yr.)	Employer: Name	Address	Duties Performed	Reason For Leaving

13. Have you been the subject of any administrative agency disciplinary action? For the purpose of this question, administrative agency disciplinary action includes, but is not limited to: having any professional, vocational or business license denied, suspended, revoked or restricted or a fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receiving order; or an order which prohibits you from participating in the business of an insurer or production agency. YES NO

14. Have you ever been convicted of a crime? YES NO
 A Crime includes a felony or misdemeanor and military offenses. A Convicted includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.

15. Have you been indebted, other than for current accounts, to any insurance company or person for unpaid insurance premiums or return premiums? YES NO

*** IMPORTANT NOTICE:** If you answered yes to (13), or (14) attach a detailed statement of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, certified by the court, of the **Criminal Complaint** and the Sentencing Minute Order showing the final plea, judgement and sentence. If any disciplinary action was taken by an administrative agency, attach certified copy of the action.

16. **NONRESIDENT APPLICANT:**
 Pursuant to section 1781.3(d)(2)(a) of the Insurance Code, I (we) designate the commissioner as agent for service of process in the manner and with the same legal effect provided for by this chapter for designation of service of process upon unauthorized insurers.
 Further, pursuant to section 1781.3(d)(2)(b) of the Insurance Code, I (we) provide the following resident of California upon whom notices or orders of the commissioner may be served on my (our) behalf. I (we) shall promptly notify the Commissioner in writing of every change of designated agent for service of process.
 Name _____ Address _____

17. **APPLICANTS CERTIFICATION:**
 I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE, ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.
 Surplus and Special Lines= applicants Only - I apply for a license pursuant to the provisions of Chapter 6, Part 2, Division 1 of the Insurance Code of the State of California permitting the solicitation, negotiation, and subject to the provisions of said Chapter, the effecting of insurance to be procured from or placed with insurers not authorized to transact insurance in this state.
 * APPLICANTS SIGNATURE: _____ * CITY _____ * DATE _____
 * RESIDENCE PHONE () _____ * BUSINESS PHONE () _____ * FAX # () _____

NOTICE: INFORMATION COLLECTION AND ACCESS

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals.

- **AGENCY:** Department of Insurance **ADDRESS:** 320 Capitol Mall, Sacramento, CA 95814-4309 **TELEPHONE:** (916) 322-3555
- **TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:** Chief, Producer Licensing Bureau
- **AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:** California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1 and Chapter 4, Part 5, Division 2.
- **THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION:** Delay or non-issuance of license applied for.
- **THE PRINCIPAL PURPOSES(S) FOR WHICH THE INFORMATION IS TO BE USED:** Evaluation of the license application.
- **EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(A) OF THE CIVIL CODE.**

INSTRUCTIONS FOR COMPLETING REINSURANCE INTERMEDIARY APPLICATION

ALL ENTRIES, EXCEPT SIGNATURE, MUST BE TYPED.

Re: Question #8 - AFictitious name: If you intend to transact insurance in a name other than the true name shown in Question (2), enter such fictitious name.

Re: Question #11 - APrevious license information: Nonresident applicants - a certificate of license status from the home state is required.

Re: Questions #13,#14 and #15 - APrevious arrest or conviction record: if the answer is Ayes to any of these questions, documents as listed under AIMPORTANT NOTICE are required to be attached to this application.

The Commissioner may require a reinsurance intermediary-manager to:

1. File a fidelity bond issued by an admitted surety in an amount determined by the commissioner for the protection of the reinsurer.
2. Maintain an errors and omissions policy in an amount acceptable to the commissioner.

California Insurance Code Section 1781.3(c) paraphrased.

- PLEASE REVIEW THE APPLICATION CAREFULLY AFTER COMPLETION. ANY OMISSIONS OR DEFICIENCIES WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR LICENSE.
- MAIL APPLICATION WITH FEES TO: DEPARTMENT OF INSURANCE
P.O. BOX 1139
SACRAMENTO, CA 95812-1139
- DIRECT QUESTIONS REGARDING THIS FILING TO THE LICENSE BUREAU IN SACRAMENTO, (916) 322-3555.
- ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.